1200H63272

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| 423000016964 |

Office Use Only



900438746289

01/20/23--01025--006 **125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|---|
| Everything Events Services LUC (Missi contain the words "Limited Liability Company," L. L.C.," or "L.L.C.") |
| (Miss contain the words "Limited Liability Company, "L. L.C.," or "L.L.C.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |

| Principal Office Address: | Mailing Address: |
|--|-----------------------|
| 226 Black Stone Creekerd Groveland FL 34736 | 276 Blackston (reeked |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE 1 - Name:

Exstration Lovyaris

Name

226 Black Stone (rehrd

Florida street address (P.O. Box NOT acceptable)

Coroweland Fl 39736

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authori | Same and Address: |
|--|---|
| "MGR" + Manager | |
| Munuger | |
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| (Use attachment if r | iecessary) |
| (Use attachment if r | · |
| | · |
| ARTICLE V: Effective date, If an effective date is listed, he date of filing.) | thother than the date of filing. $9/1/29$ (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days after |
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| ARTICLE V: Effective date, If an effective date is listed, he date of filing.) Note: If the date inserted in the document's effective date. | the date must be specific and cannot be more than five business days prior to or 90 days after this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-